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ABSTRACT

Many of the caring and socializing functions formerly provided by primary groups, such as the family or church, now are assumed by formal institutions. The quality of life in our society increasingly has been influenced by human service professionals. Motivational problems for these professionals can adversely affect their performance and can occur anytime in their training or careers; however, there is evidence suggesting that initial career experiences can be particularly important. An in-depth, longitudinal study of 28 new human service professionals (lawyers, nurses, mental health professionals, and high school teachers) revealed that the work motivation of many new professionals declined during the first year of their careers. The amount of motivational decline seemed to be strongly related to the degree of stress which they encountered in their jobs. Four aspects of the job were particularly important as sources of stress: ambiguity, professional-bureaucratic role conflict, professional-client relationship, and the absence of formal, organizational concern about the quality of work life. These stress areas suggest several motivational strategies to be employed in pre-service training and on the job that could help new professionals sustain their motivation, e.g., interpersonal helping skills, organizational conflict resolution skills, and management development. (NRB)

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Motivational Strategies for Young Professionals in the Human Services

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Paper presented in symposium on "New Approaches to Early Career Development: Solutions for Declining Motivation." Annual Convention, American Psychological Association, Toronto, Canada, August 28, 1984.

Motivational Strategies for Young Professionals in the Human Services

Human service professionals (physicians, nurses, public school teachers, etc.) serve a particularly important function in our culture. As Schein (1972, p. 2) noted, "The professionals have always been the agent by which society dealt with its major problems." One important characteristic of the modern age is that many caring and socializing functions formerly provided by primary groups, such as the family or church, now are assumed by formal institutions (hospitals, schools, daycare centers, etc.). And there has been an inexorable tendency for the workers in these institutions to become professionalized (Lynn, 1965; Veysey, 1975). Thus, the quality of life in our society increasingly has been influenced, for better or worse, by human service professionals.

Until recently, the motivation of professionals was not considered to be a significant problem. In fact, professionals by definition were supposed to undergo a lengthy and intensive socialization process which produced a high level of internal motivation (Moore, 1970; Vollmer & Mills, 1966). However, the consumer movement of the sixties and seventies eventually turned its scrutiny on medicine, teaching, and other professional groups and found them wanting in this request. Then, the popularity of the concept of "professional burnout" during the late seventies and early eighties further undermined the idea that professional

motivation need not concern us. Today it is all-too-apparent that many professionals are not as motivated as they could be and that this can adversely affect their performance.

Motivational problems in human service professionals can occur at any point in their training or careers, but there is evidence suggesting that initial career experiences can be particularly important. Hall and Schneider (1973), in an extensive study of career development in priests (a group that increasingly is recognized as a quasi-human service profession), found that the work experience during the first years of the career was associated with the levels of motivation and success attained in later years. My own research with a variety of professional groups (described below) produced similar results. Thus, the early stages of a human service professional's career seem to be an important locus for interventions designed to enhance motivation. But to be effective, these interventions need to be based on empirical research focusing on the motivational problems of professionals at this stage of the career.

Research on New Human Service Professionals

The ideas to be presented in this paper are based primarily on my in-depth study of 28 new human service professionals (Cherniss, 1980). The subjects were lawyers, nurses, mental health professionals, and high school teachers. All of them

worked in institutional settings. For instance, the lawyers worked in legal aid and public defender offices.

The research was longitudinal: we began studying the subjects soon after they completed their training and started their first full-time jobs, and we continued to interview them for as long as two years in some instances. In each case we conducted at least three interviews. The interviews were relatively unstructured; although there were some general areas we wished to cover, the subjects initially were asked to "just tell us about" their work experiences. The interviews were transcribed and content analyzed. Subsequently, we developed rating scales relating to various impressions that emerged, and independent raters scored the interviews to determine the validity and reliability of those impressions. Most of our initial impressions were substantiated by the independent ratings.

Motivational Problems Encountered by New Professionals

One of the major findings of our in-depth study was that the work motivation of many new professionals declined during the first year or so of the career. By "motivational decline," I mean specifically the following observed changes: (a) a lowering of goals and standards, as when a teacher decides it is unrealistic to expect that every student should be able to learn a significant amount in his/her class during a term (observed in 75% of the subjects); (b) a shift in causal attributions for

success and failure--specifically, an increasing tendency to blame clients or "the system" for failures rather than one's own methods (77%); and (c) a decrease in psychological involvement in work, such that higher order need fulfillment was sought outside the job to a greater extent (56%). Another important finding was that the amount of motivational decline seemed to be strongly related to the degree of stress which new professionals encountered in dealing with certain aspects of their jobs. The greater the stress, the greater the decline. Four aspects of the job were particularly important as sources of stress: (a) the high degree of ambiguity and conflict found in the goals and technologies of human service organizations; (b) professional-bureaucratic role conflict; (c) the professional-client relationship; and (d) an absence of formal, organizational concern about the quality of work life of professionals.

A number of writers have noted that work in the human services is characterized by an unusually high degree of ambiguity (e.g., Hasenfeld & English, 1974; Kouzes & Mico, 1978). The recent conflict over the "back-to-basics" movement in schools illustrates this dilemma: there is no consensus concerning the extent to which basic academic skills should be stressed vs. social skills, thinking and problem-solving skills, the needs of special populations such as minorities or handicapped learners, etc.

Furthermore, the technology for achieving goals in the human services often is indeterminate. For instance, NIMH conducted a study several years ago which revealed over 135 different models of psychotherapy and counseling, none of which could convincingly demonstrate its superiority over the others in effectiveness. Finally, feedback of results often is minimal: signs of success may be subtle and may not appear for months or even years. And even when real personal growth or change in clients does occur, it is not always clear that the change was the direct result of the professional's intervention, rather than the result of other factors within the individual or his/her life situation (Lortie, 1975).

New professionals are particularly affected by this ambiguity because they have not yet proven themselves. They are apprehensive about how well they will do, and whether they will help or hurt their clients or students. As professionals, they are expected to be extremely competent, and so they look for signs indicating whether or not they are. When these signs are missing or unclear, which is likely to be the case in this kind of work, the resulting self-doubt can undermine motivation.

Professional-bureaucratic role conflict is another source of motivational problems in the work lives of human service professionals. Bureaucracy and professionalism represent two different and potentially conflicting modes of social control, and when professionals work in bureaucratically organized

settings, the potential for conflict is high (Abrahamson, 1967; Corwin, 1961). Specifically, the professional system relies on a lengthy and arduous period of socialization and regulation by peers. The social controls are supposed to be normative rather than utilitarian or coercive. Consequently, the practicing professional is granted a great degree of autonomy and discretion, unless found to be unworthy by his or her peers. Furthermore, the professional's first priority and responsibility is to the client or student; quality of care or instruction counts for more than cost-containment or uniform treatment.

The bureaucratic system, on the other hand, emphasizes external control by a superior and the development of specific rules and procedures, all of which infringe on the autonomy of the individual worker. These bureaucratic mechanisms often seem to be necessary ways to coordinate the activities of diverse groups of workers and to insure that costs remain within certain limits. But to the professional, these bureaucratic control mechanisms and priorities are experienced as hindrances at best, and often are seen as violations of one's professional rights and privileges. Unless the new professionals anticipate these constraints and possess methods for coming to terms with them, the resulting tension, conflict, and hostility can significantly undermine the new professional's motivation.

As the new professionals prepare to enter their chosen fields, they expect that their students or clients will be their

primary source of gratification. Unfortunately, many find instead that their clients are a major source of frustration. Lawyers complain that their clients often lie to them, which not only hurts the professional's feelings, but also makes it more difficult to represent them effectively. Teachers are dismayed by their students' lack of preparation; they find that they must cover the material more slowly and at a more basic level than they had anticipated, and many are not at all happy about having to do so. New mental health professionals often become impatient with the many clients who seem to use therapy as an excuse for not changing, and who prefer to play the role of "victim" rather than motivate themselves to do something positive with their lives. And when the new professionals are able to overcome these obstacles and really help their clients, they find that the clients usually display no gratitude. Maintaining positive work motivation in the face of such disappointment is difficult for many of the new professionals we interviewed.

All of these problems would be easier to cope with if the professionals' work settings provided some kind of recognition and support. This sometimes occurred, but usually there seemed to be an implicit assumption that because one was a professional, such problems should not exist or, if they did, they should not affect one's motivation and morale. In other words, professionals were <u>supposed</u> to be able to handle problems such as resistant students, life threatening incidents in the emergency

room, and petty bureaucratic obstacles. And because professional work is more interesting and higher in status than a factory or clerical job, quality-of-work-life should not be a problem.

I say that this seemed to be the implicit assumption in many cases because there were no formal mechanisms established to help professionals make the transition from student to novice. New teachers received the same class assignments as older, more experienced teachers. (In fact, in some instances there was a kind of informal seniority system which meant that the new teachers received even more difficult class assignments.) New mental health professionals were assigned a full case load on their first day in the agency. And for most of the professionals we interviewed, coaching and support from supervisors or experienced peers were nonexistent. This apparent lack of concern about the new professional's work life seemed to be one more source of motivational decline early in the career.

Motivational Strategies to Address these Problems

This analysis of the sources of motivational problems in new professionals suggests a number of strategies for dealing with these problems. Training represents one logical place for interventions. Virtually all of our subjects were critical of the training they had received, and their comments pointed to several ways in which that training could be improved.

On the most basic level, professional training could be more practical, especially in certain professions such as teaching and

law. Our subjects frequently said that they wished there had been more balance between theoretical/classroom learning and practical, on-the-job learning. A concrete example of this lack was the many comments we received that the novices never received any training in "how to get started." For instance, teachers were taught how to instruct a classroom of students that had already been organized. As they approached the first day of school, they realized that no one had ever told them how one initially organizes the group or "creates the setting" (Sarason, 1972) so that the students quickly will be attentive and ready to learn.

When the novices did receive practical skill training, the methods used often were inadequate. For instance, one mental health professional lamented that despite hundreds of hours of supervised field work experience, as well as several methods courses, she had never been exposed to a live model of someone doing counseling with a client. Also, while her supervisors had given her much useful advice, none of them had ever observed her work with clients, either live or via tape. And so she had never received direct feedback on her performance. She had become aware of how useful such training experiences could be because she was fortunate enough to encounter them in her first job. The other subjects in our study, however, were not so fortunate.

These more effective training methods are not unknown to psychologists. In fact, procedures using modeling, role play,

and feedback techniques have been successfully employed for some time in many supervisory training programs (e.g., Goldstein & Sorcher, 1974; Latham & Saari, 1979). However, it would be interesting to see how many of us actually use these methods in our own teaching, particularly at the graduate level.

Professional training also was deficient sometimes in content as well as method. One particularly important gap revealed by our research is interpersonal helping skills. As we have seen, the technology in education, mental health, and health care often is indeterminate. However, success in all of the fields we studied seemed to depend in part on the extent to which the professional was able to secure the trust and cooperation of the client.

An example of how important interpersonal helping skills are in professional practice was suggested by the research of Schulman (1976). She was interested in learning why so many chronic hypertension patients fail to follow medical advice concerning exercise, diet, and taking medication. Previous research had focused on characteristics of the patient, such as educational attainment, and had found weak correlations at best. Schulman demonstrated that the way in which medical personnel talked and listened to the patient was more significant. If physicians and nurses explain procedures clearly to patients, encourage patients to ask questions and express concerns, and actively involve patients in planning the treatment regimen, then

the patients are more likely to comply with those plans, and blood pressure is kept under control.

A second content area that would be useful to include in professional training programs is organizational conflict resolution skill. A major source of frustration for new professionals was the conflict between their goals of trying to help individual clients, and the structures, procedures, and priorities of the organizations that employed them. When confronted with these conflicts, many novices had no way to think about and deal with them. Over time, they felt increasingly impotent, and their motivation suffered.

Although the current "technology" for dealing with red tape, intergroup rivalry, and the like certainly leaves something to be desired, there are frameworks and techniques for dealing with such problems (e.g., Filley, 1975), and teaching these to professionals during their training might have a positive effect on their career adjustment. An example of a program that sought to do this is Kramer's (1974) work with nurses. She collected a number of incidents from practicing nurses which illustrated professional-bureaucratic conflict. She also asked particularly effective nurses to suggest how they might resolve the conflicts. She then developed a course for student nurses in which they were presented with the problems, acted them out, tried to solve them, and then learned how their solutions compared with the "experts." Evaluation data suggested that the training program had a

positive impact on the attitudes, motivation, and performance of the nurses when they began practicing.

Although changes in professional training could have a positive impact on the motivation of new p ofessionals, interventions in the work place itself also could be helpful. Our research suggested that the entry process would be one area where several positive changes could occur. Many of our subjects received no formal orientation when they began their first jobs. Others attended lecture sessions in which organizational rules and procedures, staff benefits, and other administrative matters were covered. The assumption seemed to be that a trained professional needed no further introduction to the world of work.

On the other hand, a few subjects were provided with more extensive orientation experiences. For instance, some of the nurses were assigned to more experienced co-workers during the first month and observed these models as they went about their work. Research with industrial workers (e.g., Gomersall & Meyers, 1966) has demonstrated that relatively modest orientation programs, focusing on the psychological needs and experiences of the new worker, can have a positive effect on the motivation and performance of those workers. And although our sample was too small to determine the statistical reliability of any trends, we did find that those novices who were most likely to maintain their initial high levels of motivation in the job also were most likely to have received some type of orientation. It would be

interesting to evaluate the impact of orientation programs for new professionals more systematically.

A related intervention that could improve the entry process is a gradual phasing in of responsibilities. The transition from student to professional is a stressful one, and high levels of stress seemed to have a negative impact on motivation. The new professional needs time to "learn the ropes," and coping with stress itself requires time not committed to other demands. These considerations would suggest that the work load of the new professional be lighter (e.g., fewer classes or clients, less difficult assignments). In fact, when this was done for a few of our subjects, they seemed to make a more positive adjustment. Unfortunately, many others were expected to assume a full work load immediately.

Another area in which the motivational problems of new professionals could be addressed is the job itself. Most of the work on job re-design has been done in business and industry with lower-level, manufacturing and clerical employees. However, a few published case studies suggest that job re-design also could be used to help sustain the motivation of professionals. For instance, more creative use of nonprofessional human resources in schools, mental health programs, and other settings could reduce the crushing work loads and tedious tasks that often make it impossible for professionals to feel successful. Paraprofessionals have been used in these settings to a certain

extent, but the weight of tradition has hindered their wider utilization.

Another approach is to avoid assigning all of the difficult clients or programs to one group of workers. Sarason, Zitnay, and Grossman (1971) described an institution for mentally retarded individuals in which all staff worked in at least two different programs. If they worked in a program where the clients were particularly aggressive or unrewarding part of the day or week, they would be able to work with an easier and more rewarding population during the rest of the time.

Assigning staff to more than one program served several functions. Besides making the work less frustrating and easier for many staff, it also increased variety. Also, by giving staff an opportunity to witness first-hand different parts of the organization, some of the conflict and ambiguity in goals was lessened. They were more able to see the "big picture."

Goldenberg (1971) reported yet another innovation worth considering. In his residential program for hard-core unemployed youth, every staff member was allowed to devote a certain amount of time each week to a "special project." This project could be any programatic activity that the staff person chose. In fact, the expectation was that the choice of activity would be determined primarily by the staff person's personal interests. The only restriction was that the activity had to be made available to other staff and clients. Activities as varied as

carpentry, karate, and group therapy were developed under this system, and the "special project" became a potent device for sustaining staff interest and motivation in their work.

Increasing feedback-of-results in the job is another way in which motivation might be enhanced. To some extent, the feedback available in professional human service work always will be limited. However, there have been some promising attempts to build more feedback into these kinds of jobs. One example was an experiment by Colarelli and Siegel (1966) on a ward for chronic schizophrenics in a mental hospital. After observing the way in which their patients typically improved, they developed a "levels system," and assigned each patient to one of five levels based on their functioning. None of the levels represented a very high level of functioning, and that was their value as a motivational device for the staff. In a relatively short period of time, staff could see a patient move from one level to the next highest one. And knowing what was supposed to happen in the next level provided staff with a way of setting realistic goals for themselves and their patients. One significant aspect of this system is that it was developed by the staff themselves. Thus, there was a high degree of ownership and face validity to the system. The levels system is an example of what can be done to facilitate goal setting, feedback, and a sense of efficacy in a particularly difficult and unrewarding area in human services.

Professional jobs also could be re-designed to increase interaction with other professionals. Many of our subjects reported that they were isolated from co-workers in their jobs; but when they did have an opportunity to work collaboratively with colleagues, these experiences often were highly motivating. Social support groups have become a popular antidote for professional burnout, and some may be successful. But building stimulating and supportive interaction into the job itself promises to be even more effective.

Lortie (1975) has suggested several ways in which social isolation could be reduced in teaching, such as conferencing individual students, visiting classes taught by peers or visitors, and occasional exchange of classes. Team teaching, while not for everyone, also could be a potent motivator for some, especially the new teacher still learning the craft. Conferencing, co-leading groups, and collaborative program development also could be used in other human service fields to reduce the social isolation of the new professional, increase social support, provide opportunities for new learning and sustain high levels of motivation.

Management development is one other area in which motivational strategies are relevant. My own research, as well as others' (e.g., Berkeley Planning Associates, 1977; Hall & Schneider, 1973), suggests that the supervisor has a strong effect on the level of stress and motivation experienced by new

professionals in the human service. Those who made the best career adjustment tended to have supervisors who set clear goals and direction without becoming overbearing, provided technical advice and coaching to help the novice learn and grow, gave frequent feedback on performance, provided an exemplary role model (committed, calm, positive), and served as an effective buffer between the novice and the organization.

Management training is one obvious intervention that could be helpful, especially because this type of activity is much less prevalent in the human services than it is in business. But training is not the only intervention that could lead to positive change in supervision. Survey feedback directed specifically at supervision has been used successfully to improve supervision of teachers (Burns, 1977). And job re-design may be as relevant for supervisors as it is for their staff. Specifically, it may be desirable to change the job of supervisor in human service systems so that the administrative control function is less emphasized and the encouragement of staff development is emphasized more. In fact, Abrahamson (1967) has proposed that the technical and emotional support functions be split off from the administrative functions completely, as occurs with the house staff in most medical settings. In such an arrangement, senior medical staff are responsible for technical supervision while coordination and control functions are left to hospital administrators. This arrangement is not ideal; it often leads to

conflict between medical and non-medical staff. However, it seems to be a sound way of providing new professionals with the role models and guidance that they need at this point in their careers.

A serendipitous finding of our study suggests one last motivational strategy for new professionals. Many of our subjects said that they found the research interviews helpful. At first, this was disconcerting, for the purpose of the interviews was to learn, describe, and understand. To what extent were we biasing the results by helping our subjects cope with the difficult transition from student to professional? Of course, we soon discovered that even with the interviews to help them, many of our subjects had more than enough stress and strain to deal with. But our experience did suggest that simply participating in an interview focusing on the work experience could have positive motivational results.

Schwartz and Will (1952) already had discovered that research interviews could enhance motivation while doing research on a ward of a mental hospital. During the course of their study, a new and enthusiastic nurse was transfered to the ward. Because morale on the ward was low, the nurse's enthusiasm soon began to wane. One of the researchers began talking to her about her perceptions and reactions. These discussions helped the nurse recognize how her own behavior had been influenced by her environment. She also realized that she had been coping with

the situation through psychological withdrawal that was undesirable for her as well as her patients. After a few weeks, the nurse used her new insights to change her own attitude and behavior, and her change soon spread to the rest of the staff and patients. In-depth research interviews leading to self-insight thus might be another motivational strategy for new professionals in the human services.

Conclusion

In this paper I have identified several sources of stress and frustration which deleteriously affect the motivation of new human service professionals. These problems suggest a number of motivational strategies in pre-service training and on-the-job that could help new professionals sustain the idealism and commitment with which they begin their careers.

Although these proposals seem pausible, any attempt to implement them should be carefully evaluated. A study reported by Mendel (1978) suggests that well-intentioned, sensible efforts in this area may not have the expected outcomes. Mendel's example was a special program designed to make medical students more sensitive and empathic. In this project, each student was assigned to a patient who suffered from a chronic condition, and they met each week to talk about what the disease and its treatment were like for the patient. To the dismay of the program's planners, the students who participated in the program actually became more insensitive and distant compared to a

control group of students. Apparently becoming more aware of the suffering of a patient was a painful experience for the students, and they coped by distancing themselves from patients to an even greater degree than they normally would. The "moral" of the story is that any attempts to implement the proposals presented here should be evaluated to make sure that they have the desired outcomes.

Despite the risks involved, past experience suggests that the situation is not hopeless. Changes in training and the work place can help to sustain high levels of motivation in what may be the most important occupational group in our society--human service professionals. Hopefully, more psychologists in the future will become interested in finding still better ways of sustaining the motivation and commitment of new human service professionals.

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